

1/2/2000 1/16 Keflex 500 mg po bid x 5 days	Amoxil 1 gm po bid x 10 days 1/16 Bu 800 mg po bid prn x 10 days
-----------------------------------------------------------	---------------------------------------------------------------------

6/15	6/15	6/15	6/15	6/15	6/15
1pm	1pm	1pm	1pm	1pm	1pm
5am	5am	5am	5am	5am	5am
7pm	7pm	7pm	7pm	7pm	7pm
5am	5am	5am	5am	5am	5am
1pm	1pm	1pm	1pm	1pm	1pm
6/15	6/15	6/15	6/15	6/15	6/15
am	am	am	am	am	am

PHYSICIAN
PHONE NO.

NURSE'S SIGNATURE
*U. H. Halloway
C. Parney LM*

INITI

AL
NURSE

John
S SIGNAT

INITIAL
T

Atenolol 25mg po qday
6/15/05

ASA 81mg po qday
6/15/05

cont

5am

11am

2pm

5pm

8pm

11pm

W/MURK B/MURK
H/464 MURK

W/MURK B/MURK
H/464 MURK

W/MURK B/MURK
H/464 MURK

ALLERGY	NKDA
DIAGNOSIS	
PHYSICIAN NAME	D.Speigner CRNP
FACILITY NAME	HCI
PATIENT NAME	Rhodes, George

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

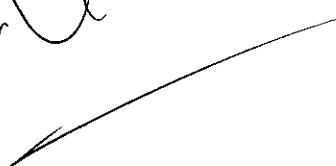
W/MURK B/MURK

W/MURK B/MURK

W/MURK B/MURK

W/MURK B/MURK

NURSES
NOTES



HOUSTON COUNTY JAIL
P. O. BOX 6406
DOOTHAN, ALABAMA 36302

NURSE'S NOTES

HOUSTON COUNTY JAIL MEDICAL CLINIC

INTAKE

DATE 5-2-05INMATE Rhodes George # 57322 DOB 4-16-65ALLERGIES NKAVIS 10/7/71 58 98.8HEIGHT 5' 9" WEIGHT 159

O2 = 98%

CURRENT MEDICAL PROBLEMS

HTN since 1998, Angina & palpitations
since 1998.PERSONAL DOCTOR Dr. Baker @ SEAMC
Dr. Pinson - cardiologist

ADDRESS

HOSPITALIZATIONS

12-2004 - SEAMCKing's County Hosp. New York - for chest
pain in 1998

CURRENT MEDICATIONS

Atenolol 25mg, ASA 81mg → Walgreen's on
Westgate
last dose Thursday 4/28/05MEDICATIONS BROUGHT IN? (NO)

NURSING ASSESSMENT:

BMI = Ø distress

SEAMC = release signs

~~3~~ UH (nurses initials) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

~~3~~ NURSE U. Nathaway

HOUSTON COUNTY JAIL

P. O. BOX 6406
DOTHAN, ALABAMA 36302

NURSE'S NOTES

HOUSTON COUNTY JAIL

P. O. BOX 6406
DOTHAN, ALABAMA 36302

NURSE'S NOTES

Labs / XRay's

PLEASE
DO NOT
STAPLE
IN THIS
AREA

NURSTNG Case 1:06-cv-00305-WHA-SRW Document 14-7 Filed 06/23/2006 Page 10 of 57
HOUSTON COUNTY SHERIFFS
PO BOX 6406
DOthan, AL 36302

4207-0100-0100

PAGE 1

Page 10 of 57

CARRIER

PARTNERSHIP OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		CHAMPUS (Sponsor's SSN)		CHAMPVA (VA File #)		GROUP HEALTH PLAN (SSN or ID)	FECA BLK LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER 136604317 (FOR PROGRAM IN ITEM 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) RHODES, GEORGE											3. PATIENT'S BIRTH DATE MM DD YY 04 06 1965 M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
5. PATIENT'S ADDRESS (No., Street) HOUSTON CO JAIL											6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
CITY DOthan		STATE AL		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		CITY		STATE												
ZIP CODE 36301		TELEPHONE (Include Area Code) (334) 794-5424		Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		ZIP CODE		TELEPHONE (INCLUDING AREA CODE) ()												
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N/A											10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME											10d. RESERVED FOR LOCAL USE									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											11. INSURED'S POLICY GROUP OR FECA NUMBER Inmate									
SIGNED SIGNATURE ON FILE DATE 05/10/06											12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
14. DATE OF CURRENT MM DD YY		ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO														
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE SAMMY R BANNER											17a. I.D. NUMBER OF REFERRING PHYSICIAN E01167									
19. RESERVED FOR LOCAL USE											18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 719 45 3. L 4. L											20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES									
22. MEDICAID RESUBMISSION CODE											23. PRIOR AUTHORIZATION NUMBER ORIGINAL REF. NO.									
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY											B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E DIAGNOSIS CODE MODIFIER	F \$ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
05 10 06		22	4	73720 26	1	368 00	1													
25. FEDERAL TAX I.D. NUMBER 630577764 SSN EIN <input type="checkbox"/> X											26. PATIENT'S ACCOUNT NO. 2777788X1									
27. ACCEPT ASSIGNMENT? (For govt. claims see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											28. TOTAL CHARGE \$ 368 00									
29. AMOUNT PAID \$ 368 00											30. BALANCE DUE \$ 368 00									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) CHARLES H HOLLOWAY MD 05/16/06											32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) SOUTHEAST AL MEDICAL CTR 1108 ROSS CLARK CIRCLE DOthan AL 36301									
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # RADIOLOGY ASSOCIATES OF DOthan 2015 ALEXANDER DR DOthan AL 36301-3003 334-671-1696											PIN #									
34. GRP #																				
SIGNED DATE																				

Actus Radiology Workstation Report

Management Services Network
SE Alabama Medical Center

Lifecode Date: 05/12/2006 ■

DocID: 71484578 [4]

■ Document Status: Acceptable

Patient Information

Patient Name: RHODES, GEORGE	Date of Service: 05/10/2006	Payer Class: Comm
MRN: 000400545	Place of Service:	Payer Code:
Account: 2777788	Site Code:	Client Status: Normal
Age: 41 year-old	Physician: Hugh Holloway, MD	Phy. Code: 07
DOB: 04/06/1965	Referring Physician:	Ref. Phy. Code

ICD-9-CM

Code	Description
1. 719.45	Pain in joint involving pelvic region and thigh
2.	
3.	
4.	
5.	

CPT/HCPCS II

CPT only © 2004 American Medical Association. All Rights Reserved.

Code	Modifier	Units	ICD-9	Description
1. 73720	26		1	Mri, lower extremity other than joint; w/o contrast matl(s), followed contrast matl(s) f
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Review Flags / Ancillary Information

Warning

ICD-9 Review No Reason for Exam
 CPT Review No Covered Diagnosis
 Physician NR Other
 Possible Unbundling

Informational

Resident Involved Interventional
 Oncology
 Nuclear Medicine
 Ultrasound

Review Reason

Coder Comments

<LCI>

MRI MRI LOW EXT WO/W RT

Page 1 of 2

PO Drawer 6987, Dothan, AL 36302

334-793-8111

RADIOLOGY SERVICES

MRI REPORT

Patient Name: RHODES, GEORGE

XRAY/MR#: 000400545 Account #: 2777788 Room:MI -

DOB: 04/06/1965 Age: 41 Pt Type: O

Order #: 0012777888379206 Accession #: 001000000154472

CDM: 3836172

Attending Physician: Sam Banner, MD

Ordering Physician: Sam Banner, MD

Referring Physician: Sam Banner, MD

Exam Requested: MRI LOW EXT WO/W RT

Exam Date: 05/10/2006

</LCI>

PROCEDURE: MR RIGHT FEMUR W/O AND W/GADOLINIUM

HISTORY: RIGHT HIP PAIN AND SWELLING SINCE 2/11/06. PATIENT FELL AND HURT RIGHT HIP ON 2/11/06.

COMPARISON: PLAIN RADIOGRAPHS 4/4/06

TECHNIQUE: PATIENT STUDIED WITH AXIAL, CORONAL AND SAGITTAL T1 AND STIR SEQUENCES. IN ADDITION POST GADOLINIUM FAT SUPPRESSED CORONAL AND AXIAL T1 WEIGHTED SEQUENCES PERFORMED.

FINDINGS:

There is a large mass-like area involving the right upper thigh which is slightly hyperintense to muscle on T1 and is markedly hyperintense on T2 and has internal areas of mixed signal. Associated with this is abnormal marrow signal in the region of the greater trochanter of the femur and extending slightly into the intertrochanteric area. Review of the plain x-ray from 4/4 shows some soft tissue calcification.

Following Gadolinium administration there is abnormal enhancement evident within the periphery of the soft tissue of the mass as well as some abnormal enhancement within the intertrochanteric portion of the femur itself.

Continued..

The mass-like area mainly is involving the area of the vastus lateralis but near the upper thigh is almost completely encircling the femoral shaft. Main considerations particularly given the history of pain the abnormal soft tissue calcification and the appearance of the mass with the abnormal Gadolinium enhancement is that of some type of chondrosarcoma. Other considerations include osteogenic sarcoma or much less likely a stress fracture of the femur with associated myositis ossificans. Patient incidentally appears to have some small inguinal lymph nodes bilaterally.

IMPRESSION:

1) LARGE MASS MEASURING APPROXIMATELY 13 X 9 X 8.5cm WHICH HAS ASSOCIATED SURROUNDING EDEMA IN THE SOFT TISSUES OF THE THIGH AS WELL AS ABNORMAL MARROW SIGNAL IN THE GREATER TROCHANTERIC REGION OF THE FEMUR. THIS IS SUSPICIOUS FOR ENTITIES SUCH AS A CHONDROSARCOMA, OSTEOPGENIC SARCOMA OR LESS LIKELY A MALIGNANT FIBRO-CYSTICOTOMY. STRESS INJURY TO THE FEMUR WITH ASSOCIATED MYOSITIS OSSIFICANS MIGHT POSSIBLY GIVE THIS APPEARANCE BUT IS FELT LESS LIKELY GIVEN THE MARKEDLY ABNORMAL ENHANCEMENT PATTERN IN THE PROXIMAL FEMUR.

<LCI>

Hugh Holloway, MD

Immigration
Request

INMATE REQUEST FORM

Date: MAY 8, 2006 INMATES # 57322 M8
To: INFIRARY C/O SIGNATURE CHK. MORRISON
From: George Rhodes SR C/O SIGNATURE

NATURE OF REQUEST I have an emergency today due to pain traveling down to the lower extremities in my right leg.

After speaking with C/O Morrison I was informed that Medical wished for me to fill out a request form that shall be received the next day.

ACTION TAKEN PP

INMATE REQUEST FORM

Date:	04.24.06	INMATES #	57322 M8
To:	Clinic	C/O SIGNATURE	Tom
From:	George H. Rhodes, JR	SR C/O SIGNATURE	5/7/06
NATURE OF REQUEST I AM experiencing pain both during the day & night to the point it has become unbearable. The 10 mg Flexaril muscle relaxer is no longer working & need something stronger like pain killers. Thank you very much.			
ACTION TAKEN Dr. B. can take Tylenol until next results			

INMATE REQUEST FORM

Date: 02018006

INMATES # 57322

To: Clinic

C/O SIGNATURE 

From: George Rhodes F-POD

SR C/O SIGNATURE 

NATURE OF REQUEST

On February 11, 2006 I slipped & fell while taking a shower & sustained an injury to my right hip where the socket is now swollen causing major pain while sleeping.

Thank you very much for your time & consideration.

ACTION TAKEN

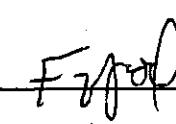
Southeastern Printers / Form #5135 / Rev 3-98

INMATE REQUEST FORM

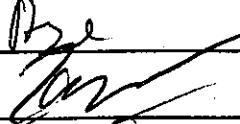
Date: 03025006

INMATES # 57322

To: Clinic

C/O SIGNATURE 

From: George Rhodes F-POD

SR C/O SIGNATURE 

NATURE OF REQUEST

I AM REQUESTING A MEDICAL APPOINTMENT FOR either an X-RAY OR MRI SCAN TO ADDRESS THE EXCRUCIATING PAIN IN MY RIGHT THIGH BECAUSE THE PRESCRIPTION FOR THE MUSCLE RELAXER HAS CEASED.

Furthermore, I would like to get to the bottom of this issue.

ACTION TAKEN

Thank you very much!

PULL CI

INMATE REQUEST FORM

Date: July 13, 2005 INMATES # 57322
 To: NURSE / ENTRIMARY C/O SIGNATURE _____
 From: George Rhodes F-8 SR C/O SIGNATURE Q

NATURE OF REQUEST I was informed by CO Neives to fill out this form to make arrangements for finger nail to be clipped. Thank you in advance regarding this matter.

CC: File

ACTION TAKEN

done

INMATE REQUEST FORM

Date: 8/23/05 INMATES # 57322
 To: Entrimary C/O SIGNATURE Ch R. Moore
 From: George Rhodes F-POD SR C/O SIGNATURE

NATURE OF REQUEST I am requesting to have my 4 AM cells changed to the afternoon for the sole purpose of gaining proper rest and avoid mental fatigue throughout the course of the day. Thank You!

ACTION TAKEN

Re:brah

**HOUSTON COUNTY JAIL
INFIRMARY**
901 EAST MAIN STREET
DOthan, ALABAMA 36301

SECTION 1 TO BE COMPLETED BY CORRECTIONAL FACILITY

Inmate referred to : (Name & Address) <i>outpt Radiology</i>	Reason for referral: <i>CRNP order - (see enclosed)</i>		
Appointment Date <i>4/4/06</i>	Appointment Time	Date of Birth <i>9-16-65</i>	Social Security #
Inmate's Name: <i>Rhodes, George</i>	Additional Health Info. :		

Reason for Referral :

Deputy Required yes () No Ambulance Required Yes () No

Nurse :

RN or

L. hoguerre

LPN

SECTION 2 TO BE COMPLETED BY INMATE

I authorize release of medical information to the Houston County Sheriff's Department.

*George H. Rhodes Jr.**Date: [REDACTED]***SECTION 3 TO BE COMPLETED BY PROVIDER**

Treated Further follow-up needed REFER for another Treatment or Test

DIAGNOSIS:	TREATMENT:
------------	------------

SIGNATURE OF PROVIDER

DATE

CLINIC DIRECTOR :
D. Speigner CRNP

Telephones : (334) 712-0762 ext. 120 or 122
Sheriff's Office (334) 677-4888

**Southeast Alabama
MEDICAL
CENTER**

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Page 1 of 2

Patient Identification

Printed Name: George, Rhodes Date of Birth: 4-6-65
 Address: 507 S. Ussery St.
Dothan, AL 36303
 Social Security #: 130-60-1743 Telephone: 334-794-5424

Information To Be Released - Covering the Periods of Health Care

From (date) 1/2004 to (date) 5/2005
 From (date) _____ to (date) _____

Please check type of information to be released:

<input checked="" type="checkbox"/> Complete health record	<input type="checkbox"/> Face Sheet	<input type="checkbox"/> X-ray films / images
<input type="checkbox"/> Complete billing record	<input type="checkbox"/> History and physical exam	<input type="checkbox"/> X-ray reports
<input type="checkbox"/> Consultation reports	<input type="checkbox"/> Itemized bill	<input type="checkbox"/> _____
<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Laboratory test results	<input type="checkbox"/> _____
<input type="checkbox"/> Emergency Dept. Reports	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> _____
<input type="checkbox"/> Other, (specify) _____		

Purpose of Request

Treatment or consultation At the request of the patient Billing or claims payment
 Other, (specify) _____

Who and Where to Send / Release Information

Name:  Houston County Jail
 Address: Nursing Department
901 East Main Street
Dothan, AL 36301

Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release
 I understand if my medical or billing records or psychotherapy notes contain information in reference to drug and/or alcohol abuse, psychiatric care, sexually transmitted disease, Hepatitis B or C testing, and/or other sensitive information, I agree to its release.
 Circle One: Yes No

I understand if my medical or billing records or psychotherapy notes contain information in reference to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing and/or treatment I agree to its release.
 Circle One: Yes No

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the facility Medical Records Manager at Southeast Alabama Medical Center, P.O. Box 6987, Dothan, AL 36302. Unless revoked, this authorization will expire on the following date or event 5/2/06, or 180 days from date of signature, unless otherwise specified.

Continued....

**Southeast Alabama
MEDICAL
CENTER**

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Page 2 of 2

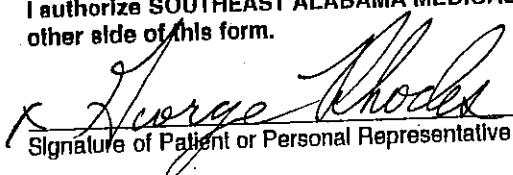
Re-disclosure

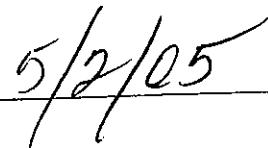
I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. SOUTHEAST ALABAMA MEDICAL CENTER, ITS AFFILIATES, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Who May Request Disclosure

I understand that my treatment or payment for services will not be denied if I do not sign this authorization unless specified on the other side of this form under **Purpose of Request**. I can inspect or receive a copy of the protected health information to be used or disclosed. I understand that there may be a charge for copies.

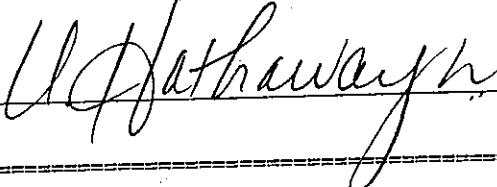
I authorize SOUTHEAST ALABAMA MEDICAL CENTER to use and disclose the protected health information specified on the other side of this form.


Signature of Patient or Personal Representative


Date

Relationship if not patient: (Guardian/Executor of Estate/Personal Representative)

Day time phone number

Witness: 

For Southeast Alabama Medical Center Use Only:

Patient's Medical Record # _____ Account # _____

Check Records Received by Patient:

<input type="checkbox"/> Complete health record	<input type="checkbox"/> Face Sheet	<input type="checkbox"/> X-ray films / images
<input type="checkbox"/> Complete billing record	<input type="checkbox"/> History and physical exam	<input type="checkbox"/> X-ray reports
<input type="checkbox"/> Consultation reports	<input type="checkbox"/> Itemized bill	<input type="checkbox"/> _____
<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Laboratory test results	<input type="checkbox"/> _____
<input type="checkbox"/> Emergency Dept. Reports	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> _____
<input type="checkbox"/> OTHER _____		

TOTAL PAGES SENT/GIVEN: _____

Identity of Requestor Verified via: Photo ID Matching Signature Other, specify _____

Verified by: _____

TELEPHONE FOR MEDICAL RECORDS: (334) 793-8864

SOUTHEAST ALABAMA MEDICAL CENTER
P. O. BOX 6987
BOTHWELL, AL 36302-6987

DOOTHAN SPECIALTY CLINIC

C-Pad

ADMINISTRATOR

Lois W. Sallas

CARDIOLOGY

R. Ronnie Harrell, M.D.
James A. Sawyer, III, M.D.
Chris E. Byard, M.D.
Michael E. Pinson, M.D.
S. Roland Brooke, M.D.
David D. Gayle, M.D.
Benjamin Craven, Jr., M.D.

PULMONARY & SLEEP DISORDERS

Allen Latimer, M.D.
Dale Prophet, M.D.
Alan W. Purvis, M.D.
Brian R. Sinclair, M.D.
Marvin W. Sexton, M.D.

NEUROLOGY & SLEEP DISORDERS

David A. Davis, M.D.

PSYCHIATRY & SLEEP DISORDERS

Ann B. McDowell, M.D.

PSYCHIATRY

C. Roby Hicks, M.D.

DERMATOLOGY

Robert B. Ash, M.D.
Craig D. Omohundro, M.D.
Laura M. Tamburin, M.D.
Tonia L. Ruddock, M.D.

RHEUMATOLOGY

Parks W. Pratt, III, M.D.

UROLOGY

Michael G. Simmons, M.D.
Mark A. Byard, M.D.

OPHTHALMOLOGY

Joseph H. Sugg, Jr. M.D.

FACSIMILE TRANSMITTAL COVER SHEET

TO: *Houston County Jail* DATE: *5-5-05*
FAX TO: *671-9482*
ATTENTION: *Juarez* PAGE *1 OF 4*
FROM: Barbara Bond

FAX# PHONE # (334) 793-9564
Administration (334) 671-8907
Insurance (334) 712-0830
West Office (334) 712-4280
East Office (334) 712-2815

MESSAGE: *not request
not hipaa compliant
false send release form
to 712-2810*

The information contained in this transmission is privileged, confidential and is only intended for the use of the individual or entity named above. Failure to maintain the confidentiality or unauthorized re-disclosure of the information contained herein could subject you to penalties under state and federal guidelines. The recipient of this message is responsible for a secure location of the fax machine. If the recipient of this message is not the intended recipient, you are hereby notified that any copying, dissemination or distribution of this transmittal is strictly prohibited. If you have received this transmittal in error, please notify us immediately at 334-793-9564.

STATE OF ALABAMA
HOUSTON COUNTY

MEDICAL RELEASE AUTHORIZATION

5005 5/2005
SIX
KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEREBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

HOWEVER, THIS MEDICAL RELEASE AUTHORIZATION IS SPECIFICALLY LIMITED TO PROPERLY AUTHORIZED HOUSTON COUNTY PERSONNEL; AND ANY SUCH MEDICAL DOCTOR OR HOSPITAL IS NOT AUTHORIZED TO RELEASE ANY SUCH MEDICAL INFORMATION OR TREATMENT INFORMATION TO ANY OTHER PERSON, COMPANY, OR CORPORATION, OTHER THAN BY MY FURTHER EXPRESSED AUTHORITY FROM ME AND MY ATTORNEY.

ATTEST:

WITNESS

I, George Hiles, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

George Hiles
SIGNATURE

DATE:

5/2005

WITNESS:

P. m. m.

AUTHORIZATION FOR RELEASE

I George Rhodes

Patient's Name & Address

D. O. B. 4-6-65 do authorize Pinson to release

to Houston County B/F Clinic (Physician) my protected health information.
(Name & address of person to receive information)

Describe specifically the PHI you want released. All medical Records
pertaining to Cardiology

This Authorization allows for the disclosure of protected health information for the particular purpose of:

Section A: I understand that, if the persons or organizations I authorize below to receive and/or use the protected health information described below are not health plans, healthcare providers or clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

Section B: Psychiatric Records

This authorization is for psychiatric records. If this authorization is for psychiatric records, you must not use it as an authorization for any other type of protected health information use or disclosure.

Give date this authorization will expire if applicable:

I understand that I may revoke this authorization by giving written notice to the address listed below. I understand that revocation of this authorization will not affect any action you took in reliance on this authorization before this revocation.

print

→ I, George Rhodes, have read and do understand the contents of this authorization. I confirm that this is consistent with my direction to you.

sign →

Signature of Patient

Date

5/5/05

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal representative name Relationship to individual

Dothan Specialty Clinic

4300 West Main Street, Suite 102, Dothan, Alabama 36305 (334) 793-9564

You are entitled to a copy of this Authorization after you sign it. This authorization will be filed in the individual's medical record.

HOUSTON COUNTY JAIL
INFIRMARY
901 EAST MAIN STREET
DOOTHAN, ALABAMA 36301

Phone (334) 671-9482
Fax (334) 671-9482

RECEIVED



FAX PAGE:

FACILITY: Cardiology Associates

PHYSICIAN: Dr. Pinson

DEPARTMENT: Medical Records

INMATE NAME:	D.O.B.	S.S. #
George Rhodes	4-6-65	136-60-1743

SIGNATURE Elroy J. Smith DATE 3-05-05

Please Send
Medical Records

Thanks

Elroy

OF PAGES 2

Any Problems with this FAX, Please call.

HOUSTON COUNTY JAIL
INFIRMARY
901 EAST MAIN STREET
DOOTHAN, ALABAMA 36301

Phone (334)712-0762
Fax (334)671-9482



FAX PAGE :

FACILITY : Samc

PHYSICIAN : _____

DEPARTMENT : Medical Records

INMATE NAME :	D.O.B.	S.S. #
<u>Rhodes, George</u>	<u>4-6-65</u>	<u>130-60-743</u>

SIGNATURE larry J. Smith

DATE 5-2-05

*faxed
5-02-05
1025 I.S.*

OF PAGES 3

HOUSTON COUNTY JAIL
INFIRMARY
901 EAST MAIN STREET
DOOTHAN, ALABAMA 36301

Phone (334)712-0762
Fax (334)671-9482



FAX PAGE:

FACILITY: Cardiology Associates

PHYSICIAN: Dr. Pinson

DEPARTMENT: Medical Records

INMATE NAME:	D.O.B.	S.S. #
George Rhodes	4-6-65	13660-1743

SIGNATURE

Ivory Smith

DATE

5-05-05

Please Send
Medical Records

Thanks

Ivory

OF PAGES 2

Correspondence

Al
Copy

May 17, 2006

To: Commander McMullan
From: D. Speigner CRNP, Clinic Director

Regarding: Rhodes, George Henry #57322

This inmate has a serious medical condition. He has been seen by me, had a xray, had a MRI, been seen by Dr. Banner, and been evaluated by an Orthopedic Surgeon today. The physician has recommended a CAT scan guided biopsy. The diagnosis is tumor; rule out bone cancer.

It would be to everyone's best interest if this inmate was no longer housed in the Houston County Jail.

I am including a copy of his docket card for your information.

Thank You

5/30/06 . Neither Hosp. will accept this Hr to do this procedure.
per Dr. Shargy.

Notified Cmdr. McMullan will call Judge Jackson
..... Lt. Rice
..... Dr. Banner

Will attempt to refer

WEBB & ELEY, P.C.

JAMES W. WEBB
 MICHAEL M. ELEY
 KENDRICK E. WEBB
 CRAIG S. DILLARD
 ** DARYL L. MASTERS
 FRANK E. BANKSTON, JR.
 ROBBIE ALEXANDER HYDE

ATTORNEYS & COUNSELLORS AT LAW
 7475 HALCYON POINTE DRIVE
 POST OFFICE BOX 24099
 MONTGOMERY, ALABAMA 36124

HOPE CURTIS
 GARY L. WILLFORD, JR.
 C. RICHARD HILL, JR.
 SCOTT W. GOSNELL *
 ASHLEY HAWKINS FREEMAN
 AMANDA KAY MORGAN

OF COUNSEL:
 BART HARMON
 KELLY GALLOPS DAVIDSON
 WINTHROP E. JOHNSON

TELEPHONE (334) 262-1850
 FACSIMILE (334) 262-1772
 E-MAIL: contactfirm@webbeley.com

* ALSO ADMITTED IN DISTRICT OF COLUMBIA
 ** ALSO ADMITTED IN FLORIDA
 † ALSO ADMITTED IN CALIFORNIA

April 21, 2006

DeeAnne Dennis
 Claims Representative
 Meadowbrook Insurance Group
 2500 Fairlane Drive, Suite 100
 Montgomery, AL 36116

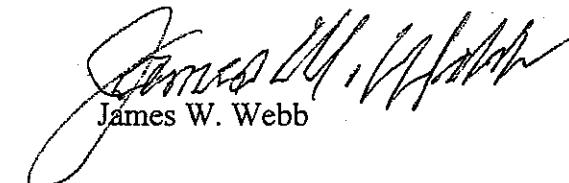
Re: George Henry Rhodes v. Houston County Commissioners, et al.
 In the United States District Court for the Middle District of Alabama
 Civil Action No. 1:04-CV-305-WHA
 MIG File No. 15185DD
 Webb & Eley No. 10010.850

Dear DeeAnne:

We have received a copy of Gary Sherrer's letter of April 19, 2006 to Hank Draughon, with which he enclosed a copy of the pro se complaint, order for special report, and his entry of appearance in the above-styled cause. You have advised that you are the adjuster assigned to handle this file.

This matter has been assigned to Gary Sherrer, the county attorney for Houston County, who will provide a defense for Houston County Commissioners, Sheriff Lamar Glover, Commander William B. McCarty and Nurse Practitioner Darla Speigner, and keep you fully advised of all proceedings. If I may be of any further assistance, please let me know.

Very truly yours,



James W. Webb

JWW/jp

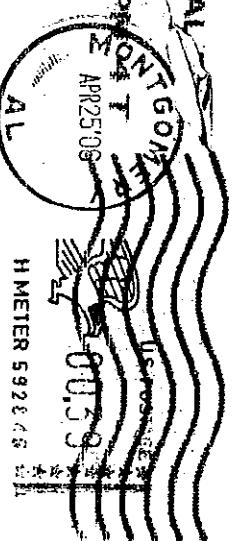
cc: Hon. Lamar Glover, Sheriff
 Commander William B. McCarty
 Darla Speigner
 Roy Roberts, Administrator
 Mark Culver, Chairman
 Gary C. Sherrer, Esq.

WEBB & ELEY, P.C.

ATTORNEYS & COUNSELLORS AT LAW
7475 HALCYON POINTE DRIVE
POST OFFICE BOX 240909
MONTGOMERY, ALABAMA 36124-0909

APR

MONTGOMERY AL
25 APR 2006 PM
APR2506



Darla Speigner
Houston County Sheriff's Officer
P. O. Box 6406
Dothan, AL 36302-6406

36302-6406

PROCEDURE: RIGHT FEMUR

HISTORY: Pain and swelling.

COMPARISON: @

TECHNIQUE: 2 views.

FINDINGS: There is coarse heterogeneous calcification in the soft tissues of the proximal thigh. This overlies the femur on several views but on 1 view appears to be separate from it. No definite fracture.

IMPRESSION:

INDETERMINATE CALCIFICATION IN SOFT TISSUE RIGHT UPPER THIGH. THIS MAY REPRESENT MYOSITIS OSSIFICANS, HOWEVER, MRI IS RECOMMENDED FOR FURTHER EVALUATION TO EXCLUDE MALIGNANCY.

Christopher Ahmed, MD

DD: 4/04/2006 17:11 nb
DT: 4/5/2006 08:53 123113

**FACSIMILE
COVER SHEET***Whatever you do, do it well.TM*www.samc.org

To: HOUSTON CO JAIL

Fax: 96719482

From: DTEW

Phone 334-793-8864

Pages: 3 (including banner)

Comment -

IMPORTANT NOTICE

This message is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the message to us, via the U.S. Postal Service, at the address below.

1108 ROSS CLARK CIRCLE, DOTHAN, AL 36301-3088
P.O. BOX 6987, DOTHAN, AL 36302-6987

**Southeast Alabama
MEDICAL
CENTER****Quality Services**

Behavioral Medicine Center
Cancer Center
Cardiology Center
Diabetes Treatment Center
Dothan Surgery Center
Emergency Center
Home Health Care
Home Medical Equipment
Industrial and
Occupational Health
Lithotripsy
Maternal & Infant Care
Neurodiagnostics
Open MRI
Outpatient Service Center
Pain Management Center
Radiology
Rehabilitation Services
Same Day Surgery
Sleep Disorders
Surgical Services
Women's Imaging Center

**COMMUNITY
OUTREACH**

Childbirth Education
Community Education
Community Health Education
Medical Call Center
Physician Information
& Referral
Senior Discovery Program
Support Groups
Adult Volunteers
Teenage Volunteer Program

**PRIMARY CARE
NETWORK**

Alabama
Enterprise Medical Clinic
Houston Medical Group

Florida
Chipley Medical Group

Southeast Alabama
MEDICAL
CENTER

OUTPATIENT REGISTRATION

MR.# 400545	ADMIT DATE 4/04/06	ADMIT TIME 15:55	ADMITTER OPHM	PT. TYPE I	PT. # 2760518
NAME RHODES JR, GEORGE HENRY			AGE 040Y	DOB 4/06/65	SEX M
ADDRESS 507 S USSERY ST DOOTHAN			REL JW	SRC 1	AD.CAT MD
CITY AL			ZIP 36301	CLINICS	
PHONE 334 794-5424			PT. GEN 136-60-4317	ATTENDING DOCTOR BANNER, SAM	
MAIDEN NAME			REFERRING DOCTOR UNASSIGNED		
ALLERGIES DRUG/FOOD/NLKA/NDM			DPA NO POWER	LW NO POWER	CITY HOUSTON, AL
NEAREST RELATIVE		EMPLOYER SELF-EMPLOYED		EMERGENCY CONTACT	
ADDRESS		ADDRESS 507 S USSERY ST		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP DOOTHAN, AL 36301		CITY/STATE/ZIP	
PHONE	PT. REL	PHONE 334 794-5424		PHONE	PT. REL
GUARANTOR # 6423197		SSN 136-60-4317		GUARANTOR EMPLOYER SELF-EMPLOYED	
NAME RHODES JR, GEORGE HENRY			ADDRESS 1 507 S USSERY ST		
ADDRESS 507 S USSERY ST			ADDRESS 2		
CITY/STATE/ZIP DOOTHAN, AL 36301			CITY/STATE/ZIP DOOTHAN, AL 36301		DSCH
PHONE 334 794-5424		PT. REL PT	PHONE 334 794-5424		DAYS
PATIENT STATES: XR/BACK PAIN					
ADMITTING DIAGNOSIS: XR/BACK PAIN					
INS#1: INMATES PRIVATE PAY		NAME RHODES JR, GEORGE H		GROUP #	136604317 POLICY #
INS#2:					
INS#3:					
COMMENTS: REG/SCANNED/HEM					
PRINCIPAL & SECONDARY DIAGNOSIS					
CODES					
DATE DICTATED					
D/B					
H&P					
O.R.					
Cons					

CONSULTATION WITH

PHYSICIAN SIGNATURE

SOUTHEAST ALABAMA MEDICAL CENTER
PO Drawer 6987, Dothan, AL 36302
334-793-8111
RADIOLOGY SERVICES
XRAY REPORT

Patient Name: RHODES, GEORGE

XRAY/MR#: 000400545 Account #: 2760518 Room: XR- -
DOB: 04/06/1965 Age: 40 Pt Type: O
Order #: 00127605188183426 Accession #: 001000000130822

CDM: 3647366

Attending Physician: Sam Banner, MD

Ordering Physician: Sam Banner, MD

Referring Physician: UNASSIGNED

Exam Requested: FEMUR COMP RT

Exam Date: 04/04/2006

PROCEDURE: RIGHT FEMUR

HISTORY: Pain and swelling.

COMPARISON: @

TECHNIQUE: 2 views.

FINDINGS: There is coarse heterogeneous calcification in the soft tissues of the proximal thigh. This overlies the femur on several views but on 1 view appears to be separate from it. No definite fracture.

IMPRESSION:

INDETERMINATE CALCIFICATION IN SOFT TISSUE RIGHT UPPER THIGH. THIS MAY REPRESENT MYOSITIS OSSIFICANS, HOWEVER, MRI IS RECOMMENDED FOR FURTHER EVALUATION TO EXCLUDE MALIGNANCY.

Christopher Ahmed, MD

DD: 4/04/2006 17:11 nb
DT: 4/5/2006 08:53 123113

Name: RHODES, GEORGE

Christopher Ahmed, MD

{eop}

MR #: 000400545

DOOTHAN SPECIALTY CLINIC

June 23, 2005

Medical Record Department of

Houston County Jail Infirmary
901 East Main Street
Dothan, Al 36301

RE: George RhodesDOB: 4-6-65 SSN: _____

Additional information required:

Patient's full name, Maiden name/other name,
 Date of birth, Dates of treatment and Type of
 service, Social Security Number, Copy of Death
 Certificate, Name of Physician and/or Specialty from
 which information is needed.

We have no office records on this individual.

No authorization accompanied your request. Medical information is
 confidential by law and can be released only on written consent of the patient.
 If the patient is a minor and has reached the age 14 (fourteen), they must sign
 the authorization.We need a special authorization to release the requested information. (This
 form is enclosed.)

A court order is required to obtain this information.

A subpoena must be validated thru our local court system.

A subpoena must be supplied by certified mail.

We have no records for the dates requested.

This information must be requested from the facility in which it was performed.

Faxed requests are not accepted. Requests must be received via mail.

Records prior to 2000 are not accessible.

Prepayment is required before records can be mailed. Please issue a check for
 the amount of \$ _____ to **DOOTHAN SPECIALTY CLINIC**.
 Tax ID #63-0837349.*Barbara Bond*

Barbara Bond
 Medical Record Release Coordinator
 Dothan Specialty Clinic

5034917
cd

AUTHORIZATION FOR RELEASE

I George Rhodes

Patient's Name & Address

D. O. B. 4/6/65 do authorize Pinson to release
(Physician)
to Houston County B.I. Clinic my protected health information.
(Name & address of person to receive information)Describe specifically the PHI you want released. All medical Records
pertaining to Cardiology

This Authorization allows for the disclosure of protected health information for the particular purpose of: _____

Section A: I understand that, if the persons or organizations I authorize below to receive and/or use the protected health information described below are not health plans, healthcare providers or clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

Section B: Psychiatric Records

This authorization is for psychiatric records. If this authorization is for psychiatric records, you must not use it as an authorization for any other type of protected health information use or disclosure.

Give date this authorization will expire if applicable: _____

I understand that I may revoke this authorization by giving written notice to the address listed below. I understand that revocation of this authorization will not affect any action you took in reliance on this authorization before this revocation.

print
sign →

→ I, George Rhodes have read and do understand the contents of this authorization. I confirm that this is consistent with my direction to you.
George Rhodes 5/5/05
Signature of Patient Date

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal representative name

Relationship to individual

Dothan Specialty Clinic

4300 West Main Street, Suite 102, Dothan, Alabama 36305 (334) 793-9564

You are entitled to a copy of this Authorization after you sign it. This authorization will be filed in the individual's medical record.

H

Southeast Alabama
MEDICAL
CENTER

EMERGENCY REGISTRATION

MR. # 400545	ADMIT DATE 1/11/05	ADMIT TIME 15:54	ADMITTER ESCR	PT. TYPE 1	PT. # 2541983
NAME RHODES, GEORGE		AGE 039Y	DOB 4/06/65	SEX M	RACE B
ADDRESS 906 WILLIAMS AVE		REL JW	SRC 7	AD. CAT ER	MSV ER
CITY DOTHAN	STATE AL	ZIP 36301	CLINICS		ROOM/BED
PHONE 334 799-2563	PT. SSN 136-60-4317	ATTENDING DOCTOR EMERGENCY MED DR			
MAIDEN NAME		REFERRING DOCTOR			
ALLERGIES DRUG/NKFA/NLKA/NDM		DPA NO POWER	LW NO POWER	CITY HOUSTON, AL	
NEAREST RELATIVE RHODES GLENDA	EMPLOYER			EMERGENCY CONTACT RHODES GLENDA	
ADDRESS 906 WILLIAMS AVE	ADDRESS			ADDRESS 906 WILLIAMS AVE	
CITY/STATE/ZIP DOTHAN, AL 36301	CITY/STATE/ZIP			CITY/STATE/ZIP DOTHAN, AL 36301	
PHONE 334 799-2563	PT. REL PA	PHONE		PHONE 334 799-2563	PT. REL PA
GUARANTOR # 6423197	SSN 136-60-4317	GUARANTOR EMPLOYER			
NAME RHODES, GEORGE	ADDRESS 1				ADDRESS 2
ADDRESS 906 WILLIAMS AVE					
CITY/STATE/ZIP DOTHAN, AL 36301	CITY/STATE/ZIP			DSCH	
PHONE 334 799-2563	PT. REL PT	PHONE		DAYS	
PATIENT STATES: BLUE					
ADMITTING DIAGNOSIS: BLUE					
INS#1:	NAME		GROUP #	POLICY #	
INS#2:					
INS#3:					
COMMENTS: QREG/PT SIGNED COT/SDC					
PRINCIPAL & SECONDARY DIAGNOSIS					CODES
<p style="text-align: center;">/</p>					DATE DICTATED
					D/S
					H&P
					O.R.
					Cons

CONSULTATION WITH

PHYSICIAN SIGNATURE

© 1996 - 2002 T-System, Inc. Circle or check affirmatives, backslash (\) negatives.

32

Southeast Alabama

MEDICAL CENTER**EMERGENCY PHYSICIAN RECORD**
Dyspnea (COPD, CHF, and Other) (5)

DATE: 11/11/05 TIME: 1415 ROOM: EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

VS BP 100/68 HR 94 RR 20 Temp 98°
Wt _____ O2Sat 97% Pain 2**HPI**chief complaint: **Shortness of breath** (hx of: asthma / COPD / CHF)(4) **weasiness**started: **yesterday**

continues in ED

gone now better
intermittent
worse**ROS**

ENT

 sore throat
 sinus drainage

CONST / GI

 nausea
 vomiting
 abdominal pain
 black / bloody stools
 diarrhea
 chills

NEURO / EYES

 headache
 dizziness
 fainting
 visual disturbance

GU / ENDOCRINE

 pain with urination excessive urination

SKIN / LYMPH / MS

 skin rash / swelling joint pain muscle aches all systems neg. except as marked

severity: <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe	exacerbated by: exertion laying flat coughing
associated symptoms:	
PULMONARY cough • sputum non-productive blood-tinged sputum frank hemoptysis	
CVS • chest discomfort • left / right / central upper / lower • pain / discomfort / tightness sharp / burning / pressure worse with deep breaths • constant / intermittent duration:	
fever • subjective / to _____ °F sweating	
leg / calf pain (R / L) ankle swelling	
OTHER dizzy anxiety	
tingling / numb hands / feet / face heart racing	

Similar symptoms previously
Recently seen / treated by doctor

PAST HISTORY negative past records ordered / reviewed

* = PE Risk Factors

 asthma
 emphysema
 heart disease
*CHF CAD angina MI
kidney failure / dialysis
*PE / DVT
*risk factors for PE / DVT
other problems hypertensiondiabetes insulin / oral / diet
high cholesterol
*CVA
pneumonia
pneumothorax
bronchitis
acute chronic**Surgeries / Procedures** none non-contributory prior intubation
 cardiac bypass
 cardiac cath
 angioplasty cholecystectomy
 appendectomy
 hysterectomy
 pacemaker**Medications** none see nurses noteASA NSAID acetaminophen
*BCP's home O2 @ _____
home nebulizer**Allergies** NKDA

see nurses note

Iodine

SOCIAL HX smoker

alcohol (recent / heavy / occasional)

drugs

FAMILY HX CAD

201



X *[Signature]* EMT / Nurse MD / DO
 HISTORY Nurse or EMT sign after recording history; physician initial after reviewing with patient and confirming or revising all elements.

**Southeast Alabama
MEDICAL
CENTER**

RHODES, GEORGE
DRUG/NKFA/NLKA/NDM
400545 2541983 4/06/65 039Y M
EMERGENCY MED DR 1/11/05



PATIENT'S REFUSAL OF TREATMENT/EVALUATION

I wish to leave the Emergency Department of Southeast Alabama Medical Center without being fully evaluated by the Emergency Department staff. I am doing this without coercion or duress and of my own free will. I accept full responsibility for my decision to leave and hereby agree to release the emergency physicians, Southeast Alabama Medical Center of responsibility or liability that may result as a consequence of this action. I further acknowledge that I may have undiagnosed diseases, illnesses or injuries, which if untreated, could worsen or become life threatening, and I, nevertheless, decline treatment. I further acknowledge that the Emergency Department staff has offered to perform a medical screening examination, regardless of my ability to pay for such service, but that I have declined this evaluation/treatment. I acknowledge that I have been informed of the risk involved, the benefits or treatment, and hereby release the attending physician and the hospital from all responsibility for any ill effects, which may result from such discharge.

I have refused the following treatment/evaluation:

ER Treatment
MAJOR Complaint: SOB/Weakness

I HAVE READ THIS FORM, AND I UNDERSTAND IT.

George Rhodes
Signature of Patient (or patient's agent)

1/11/05
Date

6:50 pm
Time

Brenda C. Herring
Witness

None/ER Regi
Relationship to patient

Southeast Alabama
MEDICAL
CENTER

EMERGENCY REGISTRATION

MR. # 400545	ADMIT DATE 1/12/05	ADMIT TIME 14:29	ADMITTER ERJM	PT. TYPE 1	PT. # 2542516
NAME RHODES JR, GEORGE HENRY		AGE 039Y	DOB 4/06/65	SEX M	RACE B
ADDRESS 507 S USSERY ST		REL JW	SRV 7	AD. CAT ER	MSV ER
CITY DOOTHAN		STATE AL	ZIP 36301	CLINICS	
PHONE 334 794-5424		PT. SSN 136-60-4317		ATTENDING DOCTOR EMERGENCY MED DR	
MAIDEN NAME		REFERRING DOCTOR			
ALLERGIES NKDA/FOOD/NLKA/NDM		DPA NO POWER	LW NO POWER	CITY HOUSTON, AL	
NEAREST RELATIVE RHODES GLENDA		EMPLOYER		EMERGENCY CONTACT RHODES, KEESHA	
ADDRESS 906 WILLIAMS AVE		ADDRESS		ADDRESS 507 S USSERY ST	
CITY/STATE/ZIP DOOTHAN, AL 36301		CITY/STATE/ZIP		CITY/STATE/ZIP DOOTHAN, AL 36301	
PHONE 334 699-2563	PT. REL SO	PHONE		PHONE 334 794-5424	PT. REL BR
GUARANTOR # 6423197	SSN 136-60-4317	GUARANTOR EMPLOYER			
NAME RHODES JR, GEORGE HENRY		ADDRESS 1			
ADDRESS 507 S USSERY ST		ADDRESS 2			
CITY/STATE/ZIP DOOTHAN, AL 36301		CITY/STATE/ZIP		DSCH	
PHONE 334 794-5424	PT. REL PT	PHONE		DAYS	
PATIENT STATES: BLUE					
ADMITTING DIAGNOSIS: BLUE					
INS#1:	NAME		GROUP #	POLICY #	
INS#2:					
INS#3:					
COMMENTS: QREG/PT SIGNED/DENIES INJURY/JM					
PRINCIPAL & SECONDARY DIAGNOSIS					CODES
					DATE DICTATED
					D/S
PROCEDURES & OPERATIONS/DATES					H&P
					O.R.
					Cons

CONSULTATION WITH

PHYSICIAN SIGNATURE



© 1996 - 2002 T-System, Inc. Circle or check affirmatives, backslash (\) negatives.

33

Southeast Alabama

**MEDICAL
CENTER****EMERGENCY PHYSICIAN RECORD**
Chest Pain (5)

DATE: 1-12-05 TIME: 1446 ROOM: EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

VS BP 123/75 HR 70 RR 18 Temp 98.4
Wt 02 Sat 98 Pain 0

HPI

chief complaint: chest pain / discomfort

started:

Today Beginning in
Chest 78 minutes

time course:

still present better

gone now

lasted

resolved on arrival in ED

quality:

pressure

tightness

indigestion

burning

dull

aching

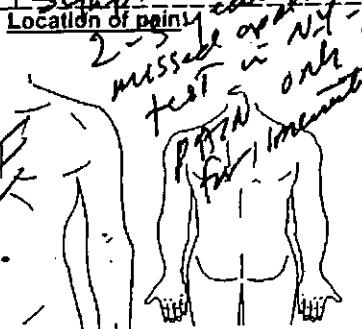
sharp

stabbing

"pain"

"numbness"

"like prior MI"



radiation: none diagrammed above

associated symptoms:

nausea

shortness of breath

vomiting

sweating

worsened by:

change in position

relieved by:

sitting up

NTG 1 2 3

deep breaths / coughing

rest

patient's own supply

exertion

antacids

given by paramedics

nothing

nothing

relief: none / partial /

complete / transient

Oxygen NRB L

onset during:

sleep rest light activity

severity:

maximum: (1-10)

7

mod. / heavy exertion

mild moderate severe

emotional upset

when seen in ED: (1-10)

cannot recall

gone almost gone mild moderate severe

residual discomfort in arm (R/L)

Similar symptoms previously:

out of Atrovole NTG ~

Recently seen / treated by doctor

Visited here in NY 2 weeks ago. Came last night but too long wait, went home.

RHODES JR, GEORGE HENRY

NKDA/FOOD/NLKA/NDM

400545 2542516 4/06/65 039Y M

EMERGENCY MED DR

1/12/05

22

Leverage

Barcode

ROS**CHEST / CONST**

fever

chills

cough

sputum

ankle swelling

calf / leg pain

FEMALE REPRODUCTIVE

LNMP

vaginal discharge

abnormal bleeding

PAST HISTORY

negative

past records ordered / reviewed

* = MI risk factors

high blood pressure

*diabetes insulin / oral / diet

*high cholesterol

*heart disease

heart attack (MI)

angina / heart failure

DVT / PE / risk factors

GERD

other problems

NEURO

headache

blackouts

EYES / ENT

blurred vision

sore throat

GI / GU

abdominal pain

black / bloody stools

problems urinating

SKIN / LYMPH / MS

skin rash / swelling

joint pain

all systems neg. except as marked

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

Surgeries / Procedures

none

non-contributory

cardiac bypass

cardiac cath

angioplasty

thrombolytics

pacemaker

stab wound right side

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

other problems

Angina

Bronchitis

other

emphysema

collapsed lung

stroke

peptic ulcer

Southeast Alabama
Medical Center

Nursing Assessment Reviewed Vitals Reviewed

PHYSICAL EXAM

Distress: NAD mild moderate severe

ENT

eyes nml inspection
 ENT nml inspection
 pharynx nml

NECK

nml inspection

RESPIRATORY

no resp. distress
 chest non-tender
 nml breath sounds

CVS

regular rate, rhythm
 no murmur
 no gallop
 no friction rub

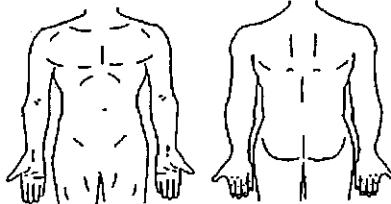
scleral icterus / pale conjunctivae
 pharyngeal erythema
 abnml TM/ hearing deficit

thyromegaly
 lymphadenopathy (R / L)

see diagram
 respiratory distress
 manifests distinct pain on movement
of (R / L) arm or trunk
 splinting / decr air mvmnt
 rales
 rhonchi
 wheezing

irregularly irregular rhythm
 extrasystoles (occasional / frequent)
 tachycardia / bradycardia
 PMI displaced laterally
 JVD present
 murmur grade /6 sys / dias
cresc / cresc-decresc / decresc
 gallop (S3 / S4)
 friction rub

decreased pulse(s)
R carotid - fem - dors ped
L carotid - fem - dors ped

**ABDOMEN**

non-tender
 no organomegaly

tenderness
 guarding
 rebound
 abnml bowel sounds
 hepatomegaly / splenomegaly Xmass

RECTAL

non-tender
 heme neg stool

black / bloody / heme pos. stool
 tenderness

SKIN

color nml, no rash
 warm, dry

cyanosis / diaphoresis / pallor
 skin rash

EXTREMITIES

non-tender
 normal ROM
 no pedal edema
 no calf tenderness

pedal edema
 calf tenderness
 clubbing

NEURO / PSYCH

oriented x3
 mood / affect nml
 VCN's nml as tested
 no motor / snsry deficit

disoriented to: person / place / time
 depressed affect
 facial droop / EOM palsy / anisocoria
 weakness / sensory loss

*pt. - competent / alert / aware
ABG: normovent, normocarb, normoxia
Health: stable, no acute findings
Meds: no pt. medication*

RHODES JR. GEORGE HENRY

NKDA/FOOD/NLKA/NDM
400545 2542516 4/06/65 039Y M
EMERGENCY MED DR 1/12/06

**LABS, EKG, XRAYS and PROGRESS**

CBC	Chemistries	UA
normal except	normal except	CK _____
WBC 4 - 3	Creat _____	CKMB _____
Hgb _____	Na _____	Troponin _____
Hct _____	K _____	RBC's _____
Platelets _____	Cl _____	bacteria _____
segs _____	CO2 _____	dip: _____
bands _____	BUN _____	PT _____
lymphs _____	Gluc _____	PTT _____
monos _____	Anion Gap _____	INR _____

EKG MONITOR STRIP NSR Rate _____

EKG NML Interp. by me Reviewed by me Rate _____
NSR nml intervals nml axis nml QRS nml ST/T

not / changed from: _____

Repeat EKG unchanged / _____

CXR Interp. by me Reviewed by me Discsd w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum

not / changed from: _____

Pulse Ox % on RA / L / % at (time) _____

Time _____ unchanged improved re-examined

Open end admission - pt. did not
want admission - pt. out per
Shares test - pt. also
referred Chest pain pattern

Discussed with Dr. _____
will see patient in: office / ED / hospital _____
C counseled patient / family regarding: _____
Lab results / diagnosis / need for follow-up _____
Rx given _____

CRIT CARE: 60-74 min

75-104 min min

Admit orders written

Additional history from:

family caretaker paramedics

CLINICAL IMPRESSION:

Chest Pain - acute precordial
Chest Wall Pain - acute
Dyspnea - acute
Costochondritis - acute
Myofascial Strain - acute
Viral Syndrome - acute
Bronchitis - acute
Viral Pleuritis (Pleurisy)
Abnormal EKG
GERD
Acute MI
Unstable Angina
Pericarditis - acute
Acute Aortic Dissection
Pulmonary Embolism
Acute Pulmonary Edema / CHF
Atrial Fibrillation - rapid vent response
controlled uncontrolled new-onset chronic
Pneumonia
Pneumothorax

DISPOSITION: Home admitted transferred
CONDITION: unchanged improved stable

Certified Emergency Yes No Template Complete

MD / DO

Southwest Alabama
**MEDICAL
CENTER**

EMERGENCY DEPARTMENT NURSING RECORD

08/26/2008 Page 19
RHODES JR, GEORGE HENRY

NKDA/FOOD/NIKA/NRM

RRBAN/ODD/NERA/NDM
100E1E 3543516 1/2

400545 234251B 4/06/65 039Y M

EMERGENCY MED DR

1/12/05



bottom edge of patient label

Southeast Alabama
**MEDICAL
CENTER**

EMERGENCY DEPARTMENT
NURSING RECORD

RHODES JR. GEORGE HENRY

NKDA/FOOD/NLKA/NDM

400545 2542516 4/06/65 039Y M

EMERGENCY MED DR

1/12/05



bottom edge of patient label

DATE: 1-12-05

TIME	NURSING NOTES
12440	pt to ER 96 C/F mid sternal, pt states "heart fluttering", A/F on EMS rhythm strip, Debra Blair Charge nurse informed, EKG requested, post monitor requested (WFB, SCL, ECG)
1450	informed Debra Blair CEN again about need for EKG + cardiac monitor, NO response (WFB, SCL, ECG)
1505	report to Treela RN (WFB, SCL, ECG)
1535	Denies pain, monitor shows NSR (WFB, SCL, ECG)
1600	Recollected lab blood sent to lab (WFB, SCL, ECG)
1603	Dr. Baker @ BS for w/e (WFB, SCL, ECG)
1633	awaiting orders, no distress (WFB, SCL, ECG)
1700	CC UA obtained + sent to lab (WFB, SCL, ECG)
1730	inst. on delay (WFB, SCL, ECG)
1800	Denies pain, NO acute distress (WFB, SCL, ECG)
1830	Dr. Baker @ BS (WFB, SCL, ECG)
1911	Discharged home. Ø distress. NSR. (WFB, SCL, ECG)

Report to: _____	Room #: _____	Signatures	INITIALS
Destination: _____	(Transfer Only) <input type="checkbox"/> Monitor		
ID Band R/L	Arm / Leg (for Transfer/Admit only)		
Accompanied by: <input type="checkbox"/> Transport <input type="checkbox"/> Significant Other <input type="checkbox"/> Police <input type="checkbox"/> Nurse			
Discharge via: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair			
Referrals: _____			
Prescriptions: <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Care Partner			
Discharge Instructions <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Care Partner			
Understanding Verbalized: <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Care Partner			
IV Cath Removed with Catheter Intact <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
DC VS: BP 124/72 HR 62 Resp 18 Temp 98.6	Time of DC 1911	#2036 (4/4) Re	

Southeast Alabama
**MEDICAL
CENTER**

Emergency Department

PHYSICIAN ORDERS

RHOLJS JR. GEORGE HENRY
NKDA/FOOD/NLKA/NDM
400545 2542516 4/06/65 039Y M
EMERGENCY MED DR
1/12/05

bottom edge of patient label

Circle tests, circle or write rationales.

The listed rationales are provided only for convenience; they are not an exclusive list.

Select or write any rationale that is appropriate.

TEST	RATIONALE
• UA CC	Dysuria / Hematuria / Frequency / FUO / Abd Pain / Trauma / Diabetes / Pregnancy / Other:
• UA Cath	
• UPT	Amenorrhea / Pg & Vag Bleeding / Abd Pain / Other:
• HCG Quant	
• Wet Prep	Vaginitis / Pelvic Pain / Abd Pain / Other:
• CBC	SOB / FUO / Trauma-explain / Bleeding-explain / Abd Pain / H-Risk Med / Weakness / Anemia / Pallor / High Risk Med / Other:
• WBC w/ DIFF	
• Istat - • H&H & • BMP & • Glu • CBG	Bleeding-explain / Trauma-explain / Weakness / Anemia / Other: <i>Chest pa</i>
• CMP	HTN / CVD / Renal Failure / H-Risk Med / Other:
• CK Total • CK-MB • Troponin • BNP	Dizziness / Near Syncope/Syncope / Vol Depletion / Other: Chest Pain / CHF / HTN / Dyspnea / Chest Trauma / Dysrhythmia / Other:
• Amylase	Abd Pain / Abd Trauma / Other:
• MBA	Altered Mental Status / OD / Other:
• PT • PTT	Anti-Coag / Bleeding-explain / Trauma-explain / Angina / PVD / Arteriosclerosis / Ascites / Other: (SMC) / Mitral Valve Disease / Hepatitis / Hematuria / Dysrhythmias / Cirrhosis /
• T&S	
• T&M x units	Bleeding-explain / Anemia / Other:
• Blood Culture	FUO / Sepsis / Other:
• ABG	Dyspnea / Inhalation Inj / Chest Pain / Other:
• EKG	Chest Pain / SOB / HTN / Dysrhythmia / OD / Syncope / CAD / Other:
• IVP	Abd Pain / Abd Trauma / Hematuria / Other:
• OB US	Pg & Vag Bleed / Pelvic Pain / Other:
• ABD US	Back Pain / Flank Pain / Abd Pain / Ascites / Cirrhosis / Liver Disorder / Other:
• CT Head	Headache / Stroke/TIA / Sz / Altered MS / Syncope / Head Trauma / Other:
• CT Face	Facial Trauma / Other:
• CT Chest (thorax)	Chest Pain / Chest Trauma / Other:
• CT Abd/Pelvis	Abd Pain / Malignancies / Abdominal Swelling / Rigidity / Tenderness / Other:
• CT of:	Rationale:
• MRI of:	Rationale:
• CXR 2V P	Chest Pain / Cough / FUO / Trauma to trunk-explain / COPD / Asthma / Any abnormal respiration / Other: <i>see above</i>
• Upright ABD • KUB • Acute ABD Series	Abd Pain / GI Bleed / Abd Trauma / Other: <i>out patient Cardiology 68</i>
• XR Skull	• XR Pelvis • XR Shoulder: R L Trauma / Pain / FB / Other:
• XR Orbic R L	• XR Hip: R L • XR Humerus: R L Trauma / Pain / FB / Other:
• XR Facial	• XR Femur: R L • XR Elbow: R L Trauma / Pain / FB / Other:
• XR Zygoma	• XR Knee: R L • XR Forearm: R L Trauma / Pain / FB / Other:
• XR C-Spine	• XR Tib/Fib: R L • XR Wrist: R L Trauma / Pain / FB / Other:
• XR T-Spine	• XR Ankle: R L • XR Hand: R L Trauma / Pain / FB / Other:
• XR LS Spine	• XR Foot: R L • XR Other: R L Trauma / Pain / FB / Other:

ORDERS:

Old Record Cardiac Monitor FHTs Tilt Test Sz Precaution Suicide Precaution VA Off Unit w/o Nurse/Monitor
 Social Service Consult Poison Control Consult Wound Care Wound Irrigation Suture Setup I&D Setup Foley
 O2 Protocol O2: Peak Flow May Remove C-Collar Aerosol

ENT: *Wala*

OTHER ORDERS:

LT S
NTP / to chest x-ray
complete vital signs ptz

Physician Signature: *MB*

Date: _____

Time: _____

Run: 01/13/05 01:36

Page#: I9U-001

Room#: ER

RHODES, GEORGE HENRY JR

Ward: Emergency Room

Pt#: 2542516 (U: 400545)

Age: 39Y Sex: M

Physician: BAKER, D VAN

HEMATOLOGY

COMPLETE BLOOD COUNT

Collected: 01/12/05

15:40

		Normals	Units
WBC	4.3 L	(4.5-10.0)	X (10)3
RBC	4.98	(4.40-5.90)	X (10)6
HGB	14.8	(13.0-18.0)	g/dL
HCT	44.0	(39.8-52.2)	%
MCV	88.4	(80.0-97.0)	fL
MCH	29.7	(26.0-34.0)	pg
MCHC	33.6	(31.0-37.0)	g/dL
RDW	15.1 H	(11.5-14.5)	%
PLT	179	(150-450)	X (10)3
MPV	8.9	(7.4-10.4)	fL
%Neutrophils	42.5	(40.0-70.0)	%
%Lymphocytes	34.9	(20.0-40.0)	%
%Monocytes	12.3	(5.0-13.0)	%
%Eosinophils	9.4 H	(4.0-8.0)	%
%Basophils	0.9	(0-1.0)	%
Neutrophil Abs.#	1.8	(1.8-7.3)	x10-3/ul
Lymphocyte Abs #	1.5	(1.1-4.4)	x10-3/ul
Monocytes Abs #	0.5	(0.2-0.8)	x10-3/ul
Eosinophil Abs #	0.4	(0.05-0.4)	x10-3/ul
Basophils Abs #	0.0	(0-0.1)	x10-3/ul

COAGULATION

ROUTINE COAGULATION

Collected: 01/12/05

15:40

Normals Units
(11.1-14.1) sec.

Protome 13.6

INR 1.09

PTT 28.1

(21.8-30.3) sec.

Protome: Therapeutic range = 24.1 - 40.6 sec

INR: Therapeutic range = 2 - 3.5

APTT: Therapeutic range = 53.7 - 100.6 sec.

RHODES, GEORGE HENRY JR 2542516 ER

Page#: I9U-001

***** PERMANENT PATIENT RECORD: DO NOT DISCARD *****

Run: 01/13/05 Case 1006-00305-WHA-SRW
RHODES, GEORGE HENRY JR

2542516

URINALYSIS

URINE TOXICOLOGY

	Collected:	01/12/05	Normals	Units
		17:13	(Absent)	
DS-PCP		Absent	(Absent)	
DS-Benzodiazepin		Absent	(Absent)	
DS-Cocaine		Absent	(Absent)	
DS-Amphetamine		Absent	(Absent)	
DS-THC		Absent	(Absent)	
DS-Opiates		Absent	(Absent)	
DS-Barbiturate		Absent	(Absent)	
DS-Tricylics		Absent	(Absent)	

Note: "Present" indicates a preliminary test result. A more specific alternative chemical method must be used in order to obtain a confirmed analytical result. Specimen will be held 7 days pending medical order for confirmation.

CHEMISTRY

CHEMISTRY PROFILES

	Collected:	01/12/05	Normals	Units
		15:40	(6.0-8.0)	g/dL
Protein, Total		6.3	(3.2-5.0)	g/dL
Albumin		3.5	(8.5-10.5)	mg/dL
Calcium		9.2	(0.2-1.2)	mg/dL
Bilirubin, Total		0.7	(42-121)	U/L
Phosphatase, Alk		64	(10-42)	U/L
AST, SGOT		23	(10-60)	U/L
ALT, SGPT		17	(0.5-1.2)	mg/dL
Creatinine		1.1	(6-22)	mg/dL
BUN		14	(135-145)	mEq/L
Sodium		141	(3.6-5.0)	mEq/L
Potassium		4.0	(100-110)	mEq/L
Chloride		104	(25-31)	mEq/L
CO2		30	(70-115)	mg/dL
Glucose		93	(6.0-20.0)	
Bun/Creat Ratio		12.7	(6.0-20.0)	
Anion Gap		7.0	(273-304)	
Calc. Osmolality		281	(1.1-1.8)	
A/G Ratio		1.3	(2.3-3.5)	
Globulin		2.8		

CARDIAC INJURY PROFILE

	Collected:	01/12/05	Normals	Units
		15:40	(22-269)	U/L
CK, total		120	(0.6-6.3)	ng/mL
CK-MB		1.7		

Continued on next page

RHODES, GEORGE HENRY JR 2542516 ER Page#: I9U-002
***** PERMANENT PATIENT RECORD: DO NOT DISCARD *****

CARDIAC INJURY PROFILE

Collected: 01/12/05
15:40

Normals Units

Continued from previous page

CK Index	N/A		
Troponin-I	<0.01	(0-0.04)	ng/mL
BNP	6	(0-100)	pg/mL

CARDIAC TROPONIN I INTERPRETATION:

Test Manufacturer Recommendation:

Normal: Less than 0.04 ng/ml

Intermediate: 0.05 - 0.5 ng/ml

AMI: Greater than 0.5 ng/ml

American College of Cardiology Standard:

Abnormal Troponin I level exceeds 99% of reference healthy control group. SAMC study defines this level as greater than 0.04 ng/ml

BRAIN NATRIURETIC PEPTIDE Reference Range

New York Heart Association CHF Classification

Normal 0 - 50 pg/ml

Class I 51 - 100 pg/ml

Class II 101 - 200 pg/ml

Class III 201 - 600 pg/ml

Class IV Over 601 pg/ml

Non-CHF Pop./Neurohormonal Sys. Activation Cut-Off: >75 pg/ml

END OF REPORT

RHODES, GEORGE HENRY JR

2542516

ER

Page#: I9U-003

***** PERMANENT PATIENT RECORD: DO NOT DISCARD *****

DOthan, Alabama

MILTON LENNICKX, M.D. - GEORGE VEALE, M.D.

M. DOWNING, M.D. - S.N. TURNER, M.D. - H. HOLLOWAY, M.D.

W. BECKETT, JR., M.D. - R. SYKLAWER, M.D.

DAVID A. BRINK, M.D. - C. AHMED, M.D. - ERIC LUND, M.D.

JULIA ALEXANDER, M.D. - STEPHEN FERNANDEZ, M.D.

Radiologists

E D X - R A Y R E P O R T

DATE/TIME TRANSCRIBED: 01/13/2005 1035

ROOM#: ER

NAME: RHODES, GEORGE

AGE: 39Y

DOB: 04/06/1965

ACCT#: 2542516

XRAY#/MR#: 400545

ORD#: 5870984

ATTENDING PHYSICIAN: VAN BAKER, D.O.

CPT CODE: 71010

CLINICAL INFORMATION:

EXAM REQUESTED: CHEST PORTABLE

EXAM DATE: 01/12/2005

PT TYPE: O

PROCEDURE: CHEST, 1625

HISTORY: Chest pain

COMPARISON: None

TECHNIQUE: AP portable

FINDINGS:

Lungs are clear. Heart and bones unremarkable.

IMPRESSION: UNREMARKABLE AP CHEST.

HUGH HOLLOWAY, MD

1

2

\: ko /: 671 DD: 01/12/2005 DT: 01/13/2005
ID: 001470199 TD: 2234 FC:

cc: CHARGE COPY (99040)

> {eop} RHODES, GEORGE

400545

On 1/18/05 5:15:08 PM

Authenticated by HUGH HOLLOWAY, MD

12 JAN 2005

400545

RHOADES, GEORGE
39 yrs MalePR 146 (NSR). Normal sinus rhythm, rate 70 - NORMAL ECG -
QRS 77
QT 348
QTc 375

-AXES--

P 75
QRS 11
T 36Acct. #:
2542516Requested by
ED

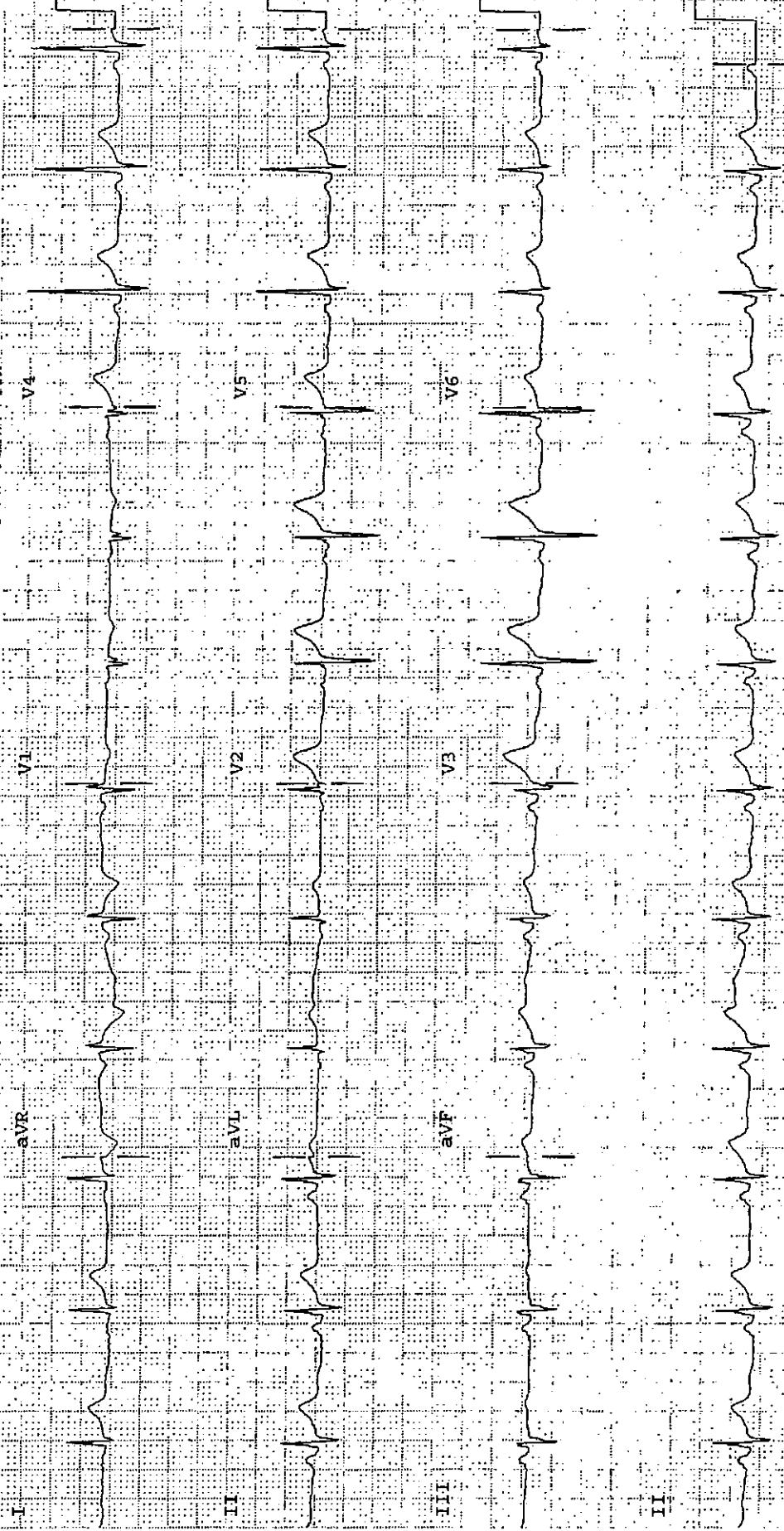
Tech 9701

Room ED 2

C-HP708

Southeast Alabama Medical Center -

PRELIMINARY - MD MUST REVIEW.



Loc 54000

STAT ECG

25.0 mm/sec 10.0 mm/mV

0.15-150

400545

01/12/2005 15:20:10

RHODES, GEORGE

三

ma medical center
Dept: ED
Room: ED 2
Oper: 9701

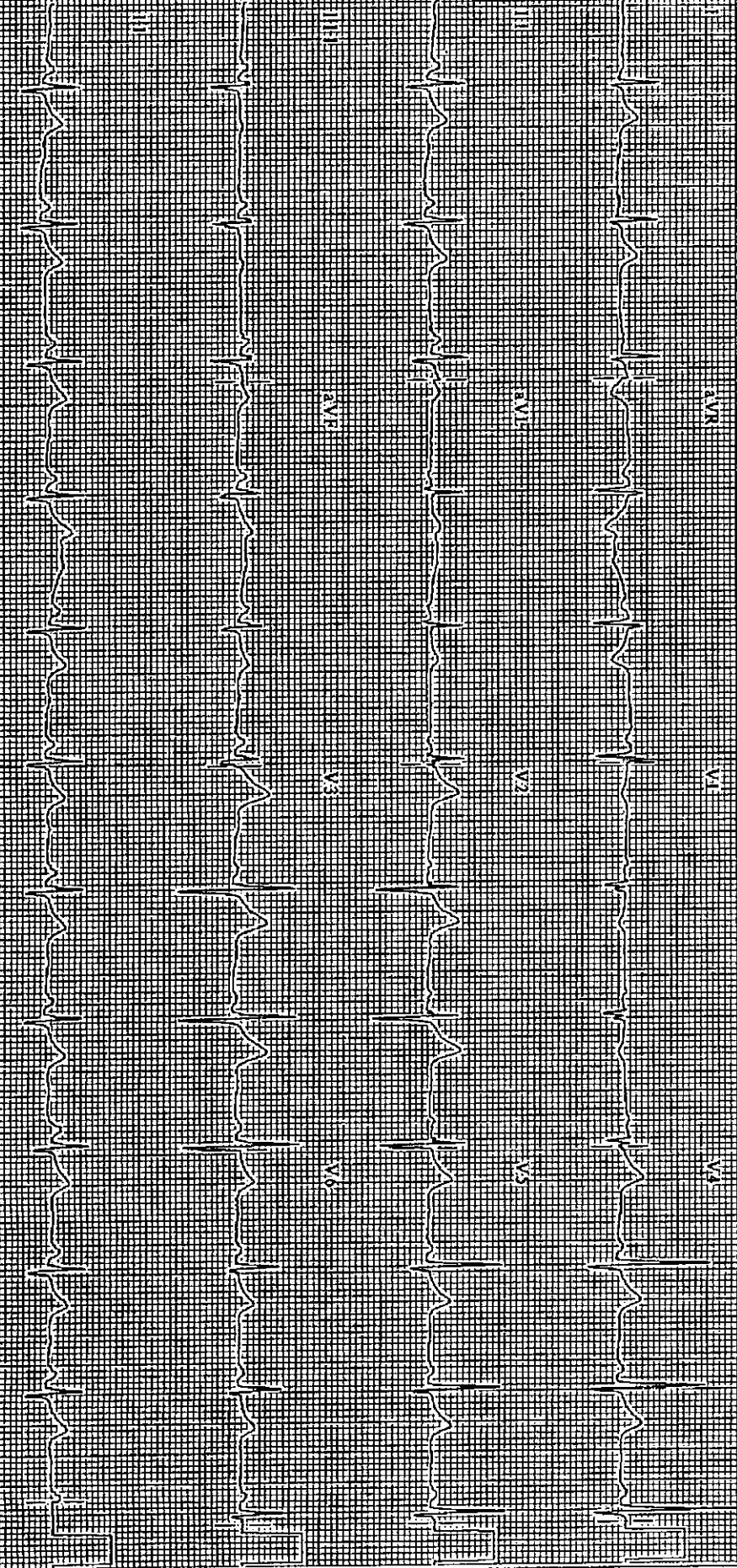
Rate 70 . Normal sinus rhythm, rate 70.....Normal P axis, PR, rate & rhythm

OT 348
OFC 375
RHODES JR, GEORGE HENRY
NKDA/FOOD/NKA/NDM
--AXIS--
400545 2542516 4066/65 039Y M
P 75 EMERGENCY MED DR
ORS 11 1/12/05


- NORMAL ECG -

Requested by:

PRELIMINARY-MD MUST REVIEW



卷之三

4
10

KELLY
MERRAC

Southeast Alabama
MEDICAL
CENTER

OUTPATIENT REGISTRATION

MR. # 400545	ADMIT DATE 1/20/05	ADMIT TIME 9:05	ADMITTER OPEL	PT. TYPE 1	PT. # 2542897
NAME RHODES JR, GEORGE HENRY		AGE 039Y	DOB 4/06/65	SEX M	RACE B
ADDRESS 507 S USSERY ST		REL JW	SRC 1	AD. CAT MD	MSV PLS
CITY DOTHAN		STATE AL	ZIP 36301	CLINICS	
PHONE 334 794-5424		PT. SSN 136-60-4317	ATTENDING DOCTOR BAKER, L, DWIGHT		
MAIDEN NAME		REFERRING DOCTOR PINSON, MICHAEL, E			
ALLERGIES NKDA/FOOD/NLKA/NDM		DPA NO POWER	LW NO POWER	CITY HOUSTON, AL	
NEAREST RELATIVE RHODES, GLENDA		EMPLOYER SELF-EMPLOYED		EMERGENCY CONTACT RHODES, KEESHA	
ADDRESS 906 WILLIAMS AVE		ADDRESS 507 S USSERY ST		ADDRESS 507 S USSERY ST	
CITY/STATE/ZIP DOTHAN, AL 36301		CITY/STATE/ZIP DOTHAN, AL 36301		CITY/STATE/ZIP DOTHAN, AL 36301	
PHONE 334 699-2563	PT. REL SO	PHONE 334 794-5424	PHONE 334 794-5424	PT. REL BR	
GUARANTOR # 6423197	SSN 136-60-4317	GUARANTOR EMPLOYER SELF-EMPLOYED			
NAME RHODES JR, GEORGE HENRY		ADDRESS 1 507 S USSERY ST		ADDRESS 2	
ADDRESS 507 S USSERY ST					
CITY/STATE/ZIP DOTHAN, AL 36301		CITY/STATE/ZIP DOTHAN, AL 36301		DSCH	
PHONE 334 794-5424	PT. REL PT	PHONE 334 794-5424		DAYS	
PATIENT STATES: CR/NM/CHEST PAIN					
ADMITTING DIAGNOSIS: CR/NM/CHEST PAIN					
INS#1:	NAME		GROUP #	POLICY #	
INS#2:					
INS#3:					
COMMENTS: PRED BY COMP/011305 0936/PLW REG/PT SIGNED COT/ELL PT HAS INSURANCE DID NOT B RING CARD/ELL\$4599.50/					
PRINCIPAL & SECONDARY DIAGNOSIS					CODES
					DATE DICTATED
					D/S
PROCEDURES & OPERATIONS/DATES					H&P
					O.R.
					Cons

CONSULTATION WITH

PHYSICIAN SIGNATURE



Southeast Alabama
**MEDICAL
CENTER**

Graded Exercise Test (GXT)

Patient Name: Rhodes, George MR No.: 400545 Acct. No.: 2542897 Date: 1/20/05
 Sex/Race: M, B DOB: 4/6/65 Weight: _____ Age: 39
 Family Physician _____ Ordering Physician: Faller Testing Physician: Linon
 Predicted HR (max./90% max) 181 / 163 Predicted Time: 11:00
 Bruce Protocol: Modified _____ Regular _____ Isotope Card Drug _____ Tech: Bru

Clinical Information: chest pain l/s. Smoker.

Resting EKG: _____

Medications: Atenolol 25 mg qd

Patient cannot walk on treadmill because: _____

Stage	MPH/Grade	Time	Rate	BP	Comments
Control sitting			<u>62</u>	<u>110/64</u>	
Standing					
0	1.7/0%				
1/2	1.7/5%				
1	1.7/10%	<u>3</u>	<u>100</u>	<u>110/66</u>	
2	2.5/12%	<u>3</u>	<u>120</u>	<u>118/60</u>	
3	3.4/14%	<u>3</u>	<u>136</u>	<u>120/68</u>	<u>no chf</u>
4	4.2/16%	<u>2</u>	<u>144</u>	<u>130/80</u>	<u>Isotope Cardiolite 12:00</u>
5	5.0/18%				<u>H.R. 144</u>

Total Time: 11:00

Reason for Stopping: primary (1) secondary (2) tertiary (3)

chest pain: leg pain/fatigue hypertension: arrhythmia:
 dyspnea: general appear.: hypotension: HR achieved:
 fatigue: cerebral symptoms: ST changes: other:

Risk Factors for ASCAD

HTN CVATIA
 DM Claud.
 Incr. Chol. Fam. HX.
 Smoke No Risks

POST EXERCISE

2 min post	<u>3</u>	<u>93</u>	<u>104/70</u>	
4 min post	<u>3</u>	<u>78</u>	<u>104/70</u>	
6 min post				

HR Achieved/% max: 144 % Max SBP: 138/80 Rate X SBP (D.P.): 18,720

Exercise Capacity: _____

EKG Response: _____

INTERPRETATION:

COMMENTS: _____

Signed: Mhmm



Rhodes Jr. George
2542897

bottom edge of patient label

INFORMED CONSENT FOR GRADED EXERCISE TEST

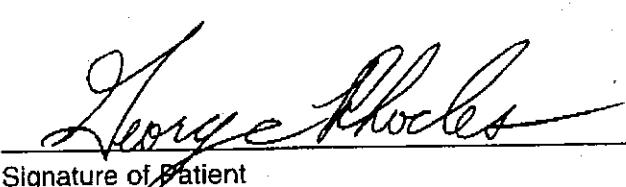
In order to estimate how well my heart, lungs, and blood vessels perform, I hereby consent to perform a special exercise test at Southeast Alabama Medical Center. During the test I will walk on a treadmill or be given a drug to exercise my heart. My heart rate, blood pressure, and electrocardiogram will be recorded at different intervals throughout the test. I may request that test be discontinued at any time; otherwise, the supervising physician will stop the test on the basis of his observations if it is unnecessary or unwise to continue.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. I understand this test carries no known risk for the patient with normal circulation. Persons who have heart disease are at some slight risk all the time, and this test briefly increases their risk of heart disease complications. Should I develop any symptoms such as leg cramps, weakness, light headedness, or chest discomfort, I will report such symptoms to the technician or the physician.

In addition, my physician may request that a radioactive element in solution for the purposes of heart scanning be administered intravenously as part of the exercise. This adds no additional risks to the exercise test and there are no known serious side effects from its administration.

Benefits from taking this test include the possibility of finding evidence that heart, lungs, and circulation are performing normally rather than limited by disease. If evidence of abnormality is found, the test data will contribute to identifying the nature and the extent of the abnormality as an aid to selection of the appropriate treatment.

Understanding the above, I do hereby give informed consent to the performance of a stress test in the Non-Invasive Cardiology Lab.


Signature of Patient

1/20/05
Date

Signature of Witness

Date

Craven

CARDIOLITE REPORT

NAME: RHODES, GEORGE ROOM#: CR
MR#: 400545 ACCT#: 2542897
ATTENDING PHYS: L. DWIGHT BAKER, M.D. DOB: 04/06/1965
AGE: 39Y SEX: M

CLINICAL INFORMATION: CHEST PAIN

EXAM REQUESTED: 01/20/2005

DATE EXAM: 01/20/2005

REPORT: Radionuclide used: Cardiolite

ROOM#: CR

ACCT#: 2542897

DOB: 04/06/1965

SEX: M

CLINICAL INFORMATION: CHEST PAIN
EXAM REQUESTED: 01/20/2005
DATE EXAM: 01/20/2005
REPORT: Radionuclide used: Cardiolite
REPORT: The patient exercised for a total of eleven (11) minutes on a Bruce protocol achieving a maximum heart rate of 144bpm. The patient had leg discomfort, but no chest discomfort. No EKG changes occurred. No arrhythmias were noted. Blood pressure response was normal with a peak blood pressure of 130/80, giving a double product of 18,720. Maximum heart rate was 144bpm., (80% of predicted).

The computer reconstructed SPECT Cardiolite images in the short axis, vertical long and horizontal long axis demonstrates normal Cardiolite uptake in all myocardial segments without evidence of a perfusion abnormality.

Review of the Gated images demonstrates normal L V size and systolic function with an estimated ejection fraction of 55%.

CONCLUSIONS:

- 1) Normal Cardiolite G X T.
- 2) Normal L V systolic function.

(B)

J. BEN CRAVEN, M.D.
CARDIOLOGIST

1

2

cc: J. BEN CRAVEN, M.D. (01533)
L. DWIGHT BAKER, M.D. (07870)
MICHAEL E. PINSON, M.D. (08919)

>
/ : 1533 DT: 01/21/2005 0216 DD: 01/20/2005 1754
\\: ls JOB: 07698 0218 ID: 001475160

Authenticated by J BEN CRAVEN, MD On 1/25/2005 8:46:31 AM